

Date \_\_\_\_\_

Senator \_\_\_\_\_  
or Secretary of the Senate

approves the distribution of this material through the Senate Post  
Office.

(Attach one copy of the material or the address of the person  
requesting the items to be put in the Post Office boxes).

**(If you do not have a copy, please fill in the information below).**

\_\_\_\_\_  
(Material Topic)

\_\_\_\_\_  
(Company or Publisher)

\_\_\_\_\_  
(Name of person requesting distribution – **and  
Contact number**)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
Signature of Senator  
or Secretary of the Senate